

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24886

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kearney

Primary Registration District No. 1002

City Kansas City

No. 1002

File No. 24886

Registered No. 24886

St. Ward

2. FULL NAME

(a) Residence, No. 14312 Jackson St., Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathleen Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-1898

7. AGE YEARS 35 MONTHS 11 DAYS 12 IF LESS than 1 day, hrs or min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME George Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Flora Claybaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Thomas McHenry

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonnet Springs, Mo. DATE July 27, 1934

19. UNDERTAKER (ADDRESS) J. H. Bonnell Co.

20. FILED 1-27-34 M. M. Kerwin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/34 1934

22. I HEREBY CERTIFY that the deceased died from

I last saw him alive on 7/25/34 Death is said

to have occurred on the date stated above, at 1255p m.

The principal cause of death and related causes of importance were as follows:

Culminated haematemesis Date of onset

second and third degree burns

Other contributory causes of importance: Passenger

Name of operation Autopsy Date of

What test confirmed diagnosis Autopsy Was there an aneurysm?

23. If death was due to external cause, violent, or ill, in the following

Accident, suicide, or homicide, Date July 26, 1934

Where did injury occur 13th St. & Locust

Specify whether injury occurred in factory, in home, or in public place.

Manner of injury Car and truck

Nature of injury blow to head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Black M. D.

(Address) 1110

100

#2

Kansas City.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

3484

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ralph Richardson
Who died at K.C. General Hospital on 7-26-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 35 Months 11 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. U

Date deceased last worked at this occupation: Month 7 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Automobile - Traumatism

Second & Third degree burns

Other contributory causes of importance: Collision of two trucks with the one in which the deceased was riding struck him beneath it.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. C. G. Leitch Deputy Coroner

Address of physician 429 Greenwood Terrace

Signature of Registrar M. M. Crowe, asst. Date filed 7/27/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 399

Primary Reg. Dist. No. 1002

E. T. McGaugh, M.D.

Special Agent.

98842-5